

## **RECEIPT OF PAYMENT**

Receipt Number:	2024084981
Receipt Date:	02/08/2024
Date Paid:	02/08/2024
Payment Method:	Credit Card,
Check Number:	,
Transaction Information:	
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	Salon Allure/Your Stylist Bre, Address:4051 sw leeward dr, Phone:(816) 832-6236

## Fees:

Fee Description	Reference / Application	Amount Paid
	Number	
9110058-Business License	LC81220213	\$50.00